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Communications.

Report of a Case of Dislocation of the Radius and Fracture of the Ulna, with Mode of Reduction and Treatment, Nine Weeks after the Injury.

By JOHN SWINBURNE, M. D.,

Of Albany, N. Y.

The patient was master J. H., aged eight years, of Denmark, Lewis county, N. Y. Three months ago, he fell, striking on the left hand, producing a fracture of the ulna at the junction of the middle and lower third, accompanied by a distortion, which was not reduced. The arm was dressed with splints, efforts being made to reduce the deformity by means of compresses, and in about four weeks union took place, but the arm was incapable of flexion. On thorough examination, it was discovered that the head of the radius was dislocated anteriorly upon the face of the humerus.

Six weeks after the accident, several physicians and surgeons were consulted, who advised non-interference.

Eight weeks after the accident, the patient was brought to this city, and the arm examined. At the seat of the fracture, the ends of the ulna were found to have overlapped, and united at an angle of about 25 degrees, the upper fragment projecting beyond the line of the bone, so as to produce an oblong tumor of an inch in length and half an inch in width, almost protruding through the skin. This unusual overlapping and consequent shortening is, of course, incompatible with a sound radius, which would act as a splint to maintain the normal length of the fractured ulna.

But in this case, the radius was driven up over the condyles of the humerus, to an extent sufficient to make the arm an inch and a quarter shorter than the other; and in this position, also, the interosseous space was correspondingly increased near the elbow, being about an inch in extent, and seemingly occupied by a firm fibrinous deposit.

The position of the ulna and radius, and the relation of the latter to the humerus, is exhibited in the subjoined drawing.

With a view to removing the deformity, and redeeming the usefulness of the elbow, the following means were adopted:

The patient was placed under the influence of chloroform, and the ulna was then seized above and below the seat of fracture. By steady efforts the adhesions were broken up, and the extremities rendered movable. The arm was extended by assistants, from the hand and lower portion of the humerus, and by manipulating, the head of the radius was brought down nearly, but not quite, into its natural position. Nothing now remained but to apply the dressings, and, as would be anticipated, the complication of the case rendered the selection of these somewhat difficult. The common hinge elbow splint was applied temporarily, and continued for three days, but its use was very unsatisfactory. Every effort to flex the elbow beyond forty-five degrees would

Fig. 1.



cause the head of the radius to slide around the external condyle, continuing the deformity, and causing intense suffering. The arm was swollen and sore, notwithstanding cold lotions were perseveringly and constantly applied.

As I have stated, the elbow splint was unsatisfactory in its action, and it was apparent that, for the ultimate success of the treatment, it was necessary to maintain permanent extension, both to prevent overlapping of the ends of the ulna, and also to reduce and retain the head of the radius in position, as well as by a constant and permanent reductive effort, to restore the symmetry of the joint, the bones being constantly forced toward their proper places, the effused lymph being absorbed by their pressure.

Accordingly, to effect these requirements, an apparatus was contrived, as represented in Fig. 2.

It consists of two plane pieces of plate iron, *a* and *b*, covered with morocco and padded, and connected by a hinge. These pieces are intended for the inside of the arm. The crutch, *c*, is for the axilla, and connected to *a* by means of a slot and thumb screw, *g*, as is also the sliding piece, *d*.

The object of these is to adjust the instrument to an arm of any length, but always to be applied in the extended position of the arm, and fastened by means of straps and buckles which are secured to the splint, two above and two below.

The hand is fastened to the forearm piece *d*, by means of strips of adhesive plaster, applied around the wrist and hand, the loops extending beyond the fingers, and se-

cured to the movable piece, *d*, which is perforated for the purpose.

The following diagrams illustrate the principle of extension by means of this apparatus.

Fig. 3.

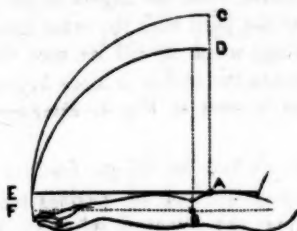
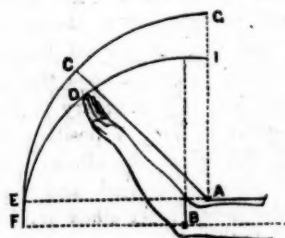


Fig. 4.



a, Fig. 3, is the joint of the instrument, *b* is the elbow joint. The joint *a* is about one or one and a half inches above the joint *b*, and from one and a quarter to three inches in front of it. The end of the instrument and the forearm extend to the same point. Now, semiflex the forearm, and the splint will extend farther than the fingers by the distance *c d*, Fig. 4, and when the flexion extends to a right angle, the difference is *g i*. It is plain, therefore, that if the hand be made fast to the end of the instrument while extended, then, when it is flexed, the hand and the end of the instrument will describe the same circle, and both extend to the point *g*, the forearm being forcibly extended, the amount of extension being proportional to the diameter of the arm—in other words, the vertical distance between the joints of the arm and instrument respectively, and also the horizontal distance between them, so that, by means of this simple arrangement,

sufficient extension is made to continue prolonged reductive efforts in old standing dislocations, and to keep recent ones reduced, which might otherwise be troublesome.

The principle involved may be illustrated very easily by simply placing a bit of board on the forearm, from the fingers to the elbow, fixing it at the joint with the other hand, and then flexing, when it will be seen that the splint extends two inches or more beyond the fingers, as is seen in Fig. 4, compared with Fig. 3.

Suppose we have an oblique fracture of the humerus, with an inch of overlapping of its ends. Apply the extended splint to the extended arm; let the hinge of the splint be an inch lower down than the elbow joint; secure the splint to the arm, and flex; then when the arm and splint are at right angles, the humerus will be extended to the amount of one inch, and thus of normal length; *vice versa*, to obtain extension upon the bones of the forearm, it is only necessary to place the extended splint in such a position that its hinge shall fall *above* the elbow, when, by flexing, the action is reversed, and the extension produced between the elbow and hand, or lower forearm.

The crutch in the axilla, of course, acts as a counter-extender, and is indispensable to complete the apparatus, as without it the humeral portion would be constantly sliding away from the elbow joint, and thus the extending power lost.

To proceed with the history of this particular case; the apparatus was applied as described, and the elbow bent, thus making extension by which the refractured ends of the ulna were prevented from overlapping, and, at the same time, the head of the radius brought down to its proper position, as nearly as practicable, and retained from mounting upon the humerus, where it had lain so long. This splint was applied on the 24th of October, and with the happiest result, for until this was made and applied, I began to feel very doubtful as to the result, for the reasons above mentioned. Now, upon flexing the forearm to a right angle I had the satisfaction to find that the fragments

of the ulna were adjusted accurately, and the head of the radius assuming its normal position. The limb was kept in this position until the next day. The swelling was no greater than before; there was less tenderness, and the arm was worked considerably, flexing and extending.

Oct. 29th.—Was able to bend the arm to an angle of seventy-five degrees, so that the hand could be carried up to the mouth. Limb of full length; head of radius in its normal position; swelling and tenderness lessened. Patient eats and sleeps well.

Nov. 2d.—Radius in normal position; ends of ulna in perfect apposition; perfect freedom of motion in the joint; flexion, extension and rotation. The father of the boy being anxious to return home, he was permitted to do so, under general instructions as to treatment.

Nov. 10th.—His physician writes that the arm is doing well, with every prospect of an entirely perfect member. The swelling and tenderness have entirely disappeared.

Nov. 20.—Physician writes that union is tolerably firm in the ulna, with every prospect of a perfect limb.

From the description of the apparatus, its applicability to all fractures, both of the arm and forearm, will be readily inferred. It could be used to great advantage in any oblique fracture of the humerus, in any part of the shaft, or of the surgical neck, or in general, in any case where, from the disposition of fractured ends to overlap, a permanently extended position is indicated.

The apparatus used in this case was very finely constructed by Mr. Franks, of this city, who is well skilled in the manufacture of trusses, bandages, and other surgical appliances.

It should be stated that extension could be obtained by two simple boards, united by a hinge, and padded so as to be comfortable, so that in a case of emergency, an extemporaneous appliance could be readily procured, which would answer a good purpose, although imperfect as regards readiness of adjustment, comfort and elegance.

Smallpox is prevailing in St. John, N. B.

Bronze Liver in Intermittent Fever.

By CHARLES F. J. LEHLBACH, M. D.,

Of New York.

In the transactions of the medical society of the State of New Jersey, for 1858, p. 38, will be found *two cases of intermittent fever with BRONZE LIVERS*. I append these cases here:

E S. a girl, aet. 15, was taken sick on Monday, October 25th, in the evening, after taking a plentiful supper. She lived in Chambers street, in a very malarious neighborhood, surrounded by ponds and marshes. She went to bed shivering with a chill, which grew very severe, and she died during the night, medical attendance sent for, not having reached her. For the last two or three months, she had had intermittent fever, which, however, was not treated, as the chill came on at night, and she did not complain; all that her relatives knew, was that her aunt, with whom she slept, often observed her teeth to chatter. Her brother was also affected with the disease, and was sick with it at the time of her death.

Post mortem examination, Oct. 26th, 1858. Present, Drs. Milton Baldwin, Bethuel L. Dodd, and myself.

Thoracic Cavity: Pleural cavity much distended with clear perfectly transparent, light-colored serum; the fluid, on rough measurement, amounted to over two quarts. There was not the least sign of recent or old inflammation in the pleura, neither adhesion nor thickening, not even vascular injection. The *lungs* were healthy. The pericardium contained also an abnormal quantity of fluid of the same character as the pleura, still with no traces of inflammatory action. *Heart* perfectly sound; large bloodvessels the same. *Abdominal cavity:* Considerable effusion of clear transparent serum in the peritoneal cavity; but no trace of inflammation in the membrane itself. *Liver:* Slightly enlarged, somewhat congested; on the superior surface of the large lobe, it presented several large spots of *bronze discoloration*, so well marked and distinct, that seeing it, one of the gentlemen present, who had previously doubted the occurrence of this lesion in simple intermittent fever, at once admitted it, and with the true

candor of a philosophical observer, is now a strong advocate of bronze liver in intermittent. Beside these spots where the discoloration was unmistakable, the liver, over its whole surface had a darker hue than natural. The spleen was enlarged and presented the appearance usual in intermittents. Other viscera normal.

The second case, not observed by myself, was furnished to me by Dr. Grant, of Newark. It had occurred in the practice of Dr. Sayre, of New York. The patient was a little boy, three years of age, who had intermittent fever when only two years of age, and had suffered frequent returns of the disease, in all some seven or eight attacks, of longer or shorter duration, of the irregular or masked type. In the fall of 1858, he had dysentery, from which he recovered. General edema followed shortly afterward, with effusion in the chest, and he died in December.

Post Mortem Examination.—*Thorax:* Effusion in the left side to the amount of six ounces; right side about the same—no adhesions on either side; *lungs perfectly healthy, heart somewhat enlarged;* hypertrophy with dilatation of left ventricle. *Abdominal cavity:* *Liver* very much enlarged, on section bleeds freely; to the eye it presents light mottled spots, resembling fatty liver; *its base bronzed.* *Spleen*, unusually large, size of an adult, texture normal, color very black; kidneys, to the eye normal. *Intestines:* Fæces in rectum, black and tarry, resembling meconium; solitary glands much enlarged throughout.

Since then I have seen another case, as follows:

I was called, on March 12th, to make a post mortem examination, by order of the Coroner, on a child which had died suddenly three weeks after birth, without medical attendance, from what the parents, who were Germans, called "internal fits"—a phrase very often used by that people to assign various causes of death in infants. The post mortem examination revealed a very decided *bronze discoloration of the liver*, much more so, indeed, than I had seen it in the first case. The whole liver was of a bronze, olive color; the discoloration was not limited to the inferior surface

of the organ, and could not, therefore, be ascribed to mere post mortem engorgement or congestion; it was rather more marked on the upper surface, and also found to extend into the parenchyma of the liver. The spleen was found very much enlarged. The rest of the abdominal and the thoracic viscera were in a normal condition; brain not examined.

The external appearance of the child was remarkable. It was extremely pallid, yet not thin or emaciated, and seemed to be well-built and fully developed. But it presented the peculiar doughy, marble-paleness, which is seen in instances of persons who have died from pernicious intermittent fever, and who have long been under the influence of malarious poison.

This state of things, with enormously enlarged spleen, with the liver enlarged and bronzed, convinced me, at once, that the child must have been subjected to malarious influence, and that death, probably, had resulted from its effects, and that what the mother designated as "internal fits," were but paroxysms of the cold stage of intermittent fever.

We examined the mother very closely, and the following facts were elicited:

Some four or six weeks previous to her confinement, the mother had been suffering very seriously from intermittent fever. She had had paroxysms of intermittent fever for a period of three or four weeks before confinement. It was finally broken up eight or ten days before confinement. The second important fact was, that from the time of its birth to the time when the child died, the mother had frequently observed it to become pale rather suddenly, and it was evident that some disturbing cause was operating upon the child. It would then be seized with these "internal fits." The recollection of the mother was distinct, that these attacks came on as often as every second day, generally in the forenoon, but she could not state definitely that they did not come on every day.

I think there can hardly be a doubt—at least, there is none in my mind—that these attacks were paroxysms of an intermittent fever, and that the bronze liver and enlarged

spleen were the lesions following it. It is true that the child was only three weeks old, but it will be recollected that the mother was attacked with intermittent six weeks before confinement, which would bring the period during which the child was exposed to malaria, up to nine or ten weeks.

A few weeks ago, Dr. Grant, of Newark, N. J., shewed me a section of a decidedly bronzed liver removed from a man, who had resided in Minnesota, and had suffered there very severely from intermittent fever.

From these observations, it would seem as if the idea, that *bronze liver* is the *peculiar characteristic* lesion of *remittent* fever, must be abandoned, and the discoloration be looked upon as common to malarious fevers, as a change resulting from the deposit of the coloring elements of the blood; and I incline to the opinion that this deposit takes place, not so much as a consequence merely of repeated congestions, (because there are numerous diseases in which the liver undergoes as severe congestion as in intermittent fever, without any bronze discoloration;) but in consequence of a peculiar influence of the malarious poison upon the system, which leads to a tendency of decomposition of the coloring matter of the blood, and which is nearly related to the splenic lesions so characteristic in all forms of malarious disease.

I record these cases in order to call the attention of those of the profession, who have an opportunity to make post mortem examinations of patients who died, of (or while having) intermittent fever,—to the subject; so that it may be determined, if possible, in what numerical proportions bronze liver occurs in intermittent fever; whether we have to look upon it as a general, or as an occasional lesion of the disease; whether there appears to exist any relation between the change in the spleen and the bronze discoloration, as far as the intensity of both is concerned; whether bronze liver is found in persons, who have enlarged spleen (ague cake,) after a long residence in a highly malarious region, but who have never had a regular attack of chills.

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Removal of an Ovarian Cyst.

By EDWIN R. BELL, M. D.,
Of Ripley, Ohio.

On the 27th of September I was requested to visit Mrs. K., who resides near Eckmansville, Adams county, Ohio.

I found her very much prostrated and emaciated; nervous-bilious temperament; tongue somewhat dry, and covered slightly with a whitish fur; pulse 75; abdomen greatly distended; difficulty of breathing; catamenia, suppressed for the last six months.

In percussion over the abdominal region, fluctuation was distinct in the upper region, dullness, with feeble fluctuation, in the lower portion, especially in the right and left iliac regions; the bowels were crowded back toward the spinal column. In changing her position to her side, I found it did not destroy the tympanitis over the bowels on that side.

On examination per vaginam, I found the womb crowded down into the vagina by the weight above. It was of normal size, and appeared to have no connection with the mass above, as well as I could judge by my finger alone, not having a uterine sound with me. Taking all the symptoms into consideration, and especially her peculiar expression of countenance, which I have always found to accompany the disease, I came to the conclusion that she was laboring under a multilocular cyst of either one or both of the ovaries.

On questioning her I obtained the following history of her case: Age, 36 years; mother of five children, the youngest five years of age; had enjoyed good health up to last February, at which time she suffered from occasional shooting pains through the lower portion of her bowels, but which, without medication, ceased during the month of March, at which time she felt as well as usual. During the month of April, her attention was called to a fulness of the lower portion of the bowels, which increased slowly until in May, when it came on more rapidly. As her courses were stopped, she came to the conclusion that she must be pregnant, but felt uneasy, and different from what she had felt before in carrying her other children. She mentioned

the circumstance to her female friends, who advised her to call in her family physician. In the month of June she found herself getting very weak, with difficulty of breathing, and her abdomen enlarging rapidly. She then consented to have her physician sent for. On examination he pronounced her disease to be ascites, and put her on mercurials and diuretics. He gave blue pill after blue pill, in hopes of salivating her; happily, he did not succeed. He found, after repeated trials, that medication was of no avail. In July, he proposed to tap her, and did so, drawing off about two gallons of straw-colored fluid, which reduced the swelling about one-third, relieving her considerably at the time. In three or four weeks she was as large as she was previous to the tapping. He attempted to draw off the fluid again, and selected a point below where he had tapped her previously; but this time he was not so successful—the fluid would not run, and as he supposed the cause was owing to its thickness, he ceased his efforts, telling her friends her case was hopeless. In two or three weeks afterwards I was called to see her. Knowing that medication was worse than useless, I told her that her only hope for a radical cure was to submit to an operation for the removal of the cyst, at the same time telling her of its dangers. I recommended that Dr. A. Dunlap, my former partner, of Springfield, O., (who has had great experience in ovariectomy, having removed a number of ovarian cysts successfully,) should be sent for to consult with me in reference to the case. On the following week I visited her again, in company with Dr. A. Dunlap. After an examination, his opinion in reference to the case was the same as my own.

As she had made up her mind favorable to an operation, the 19th day of October was selected as the time to perform it. She was directed to take small portions of pulv. rhei, and soda bicarb. so as to keep her bowels moved once a day.

At the appointed time we visited her again, found her about as we had left her, excepting that she was considerably more nervous and low spirited, from fear of the operation.

After the patient was prepared, she was placed upon a table, with her shoulders elevated and her feet resting upon a chair, and brought under the influence of chloroform by Dr. Woodward, Surgeon Dentist of Ripley, O. Dr. A. Dunlap, assisted by myself, in the presence of a number of physicians, commenced the operation, by making an incision in the median line, through the integument and cellular tissue, by careful dissection; the peritoneal sac was opened large enough to admit the finger, which was used as a director.

The incision thus commenced, was continued some three inches above the umbilicus and down almost to the symphysis pubis. The opening thus made was nearly fifteen inches long. The cyst being exposed, the hand was run between it and the peritoneal sac, to free it from adhesions, which were not strong in its upper part.

The cyst was found to be multilocular; the sacs varied very much in size, the largest holding about two gallons, from that down to the third of a gill. In lifting the tumor from its cavity in the abdomen, so as to be able to empty the largest cysts, before severing the attachments, one of the smaller cysts unfortunately gave way, and its contents, about half a gallon in amount, was thrown among the bowels.

Having raised the tumor, we found a large adhesion, about two inches in width, adhering to the lower part of the tumor, in the right iliac fossa; as it contained large blood vessels, Dr. Dunlap ran a needle through it, armed with a double silken ligature, and tying one around each half, the adhesion was then separated. The pedicle, which sprang from the left ovary, was tied in the same manner as the adhesion, and then separated. The fluid was carefully sponged from the cavity of the abdomen, one end of each ligature of the pedicle and adhesion was cut close to the knot, the other ends were brought out and left in the lower end of the incision. The lips of the wound were brought together by six interrupted sutures, the intervening spaces were supported by adhesive straps; lint was then applied with a compress and bandage, and the patient placed in bed.

She came from under the influence of chloroform very pleasantly, perfectly unconscious of what had been done.

On placing her in bed, her pulse was 75, and tolerably full; reaction came on in a short time. During the second day after the operation, she suffered from vomiting, and suffered more or less from this during the first three weeks after the operation. On the fourth week she was able to sit up in bed; during the latter part of the fourth week she suffered excruciating neuralgic pains in the abdomen. She was relieved by the usual treatment.

The wound is all healed above the ligatures, which have not yet come away. For the last two weeks she has been sitting up in bed; has a good appetite; bowels regular; gaining strength rapidly, and has every prospect at this time, Dec. 5, of being able in a few weeks to take charge of her house.

I am under many obligations to Dr. James, of Springfield, O., and Dr. McDill, of Winchester, O., for their kindness and attention to Mrs. K——, during my absence.

The tumor weighed 35 pounds.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

NOVEMBER 26TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. E. Hayes.)

Tubercular Phthisis.—This is a disease not confined to the human race. It prevails in animals allied to man: thus monkeys, transferred to a cold climate, almost all die of consumption. It is also common in sheep and other domesticated herbivorous animals.

The symptoms of phthisis are obvious, and are as varied as the duration of the disease. The pathological lesion is the development of tubercles, the seat of which is generally the lungs; although I consider it just as much a consumption when other organs suffer from the same cause, as the peritoneum, meninges of the brain, etc. I look upon consumption mainly as a disease of the fluids, having a tendency to reproduce itself.

Emaciation sometimes occurs as the very first symptom of phthisis, and generally is present from the very beginning of the disease; but emaciation is not to be considered as predisposing to consumption. The countenance, also, often presents strong indications of the disease, in its color, aspect of the eye, etc.

Phthisis may originate with a catarrh, or it may not be preceded by any local inflammation; perhaps the larger number of cases is of this kind. Those inflammations of the lungs which act as determining causes of acute phthisis are of three kinds: 1st, of the serous membranes, pleurisy; 2d, of the mucous membrane, bronchitis; 3d, of the parenchyma of the lung, pneumonia. I mention these in the order of their frequency.

Pleurisy is very frequent at the commencement of phthisis. It may occur as a mere secondary inflammation, after the tubercles are formed, and is then to be looked upon as a *sign*: but it sometimes is a *cause*, attacking persons in good health; and, therefore, you should never look upon a case of pleurisy, especially in young persons, as well entirely, or as not liable to tuberculous complication.

There is the same relation between bronchitis and phthisis, but not the same necessary relation of cause and effect. It is not very common that tuberculous phthisis follows bronchitis as an effect, unless a strongly developed scrofulous diathesis exist.

Pneumonia is the least frequent of those local inflammations which act as determining causes of acute tubercle.

Besides the symptoms mentioned, there are fever, chills, night sweats and cough. There is often a disposition on the part of patients to conceal their symptoms. Sometimes, particularly in women, there is little emaciation, but the countenance assumes a pasty, lardy appearance.

The cough is at first a slight hacking, then bronchitic, then phthisical. The expectoration changes its character. The nummular form is characteristic; this occurs, singularly enough, in measles, but without the yellow color which it possesses in phthisis.

The patient, worn out by diarrhoea, emaciation and fever, dies of phthisis in the regular way. At other times death comes in an irregular way—by violent hæmorrhage, inflammation of the lungs, intense diarrhoea, or tuberculous meningitis.

This patient is in an advanced stage of the disease, emaciated, pallid and debilitated. His pulse is 120; he has chills, which occur about 11 or 12 o'clock, and sweats. This sweating is the simple termination of the febrile paroxysm, and is such as occurs in intermittent fever. It is increased by the patient's being exhausted. To lock this sweat up by elixir vitriol does no good. It is best arrested by

breaking the violence of the paroxysm. His expectoration is, to a certain degree, nummular. The peculiar clubbed appearance of the ends of the fingers is dependent on the emaciation which takes place there; the fat is removed.

The general emaciation is produced by the fever, the derangement of the digestive system and lymphatic glands with the abundant discharges.

The physical signs indicate a tuberculous deposit in the upper two-thirds of both lungs. A cavity exists at the summit of the right lung; the left lung also has a cavity in process of softening, but is not yet so much disorganized as the right.

Prognosis.—In a case like this there is, of course, no hope. He is excessively broken down, and I admitted him yesterday, thinking that he must die in a short time.

Now, in such a case, what ought to be done? He ought not to be dosed with cod liver oil. When the system is excessively broken down, toward the close of the disease, cod liver oil will not do good. That which is productive of the least harm and most good, is a nourishing diet, porter, wine, and other tonics.

The fluid extract of cinchona, or the sulphate of quinia, keep up the strength and prevent the recurrence of chills. You should be careful about advising stimulants. I believe that alcoholic preparations, used as a medicine, strictly, have an antagonizing influence in this disease; but many persons are, unfortunately, so constituted that it is impossible for them to use alcoholic drinks of any kind without the risk of becoming drunkards. It is better that they should die of phthisis than of drunkenness.

Should opium be given? This is often an important question to decide. It is sometimes mischievous. Often it answers well in the form of sulphate of morphia, in 1-16th or 1-8th grain doses. Enough should be given to quiet pain and irritation, and if an irritable cough exists, it should be continued throughout the day. Opium is disadvantageous in a chronic disease, as interfering with digestion and inducing a confirmed habit of its use.

NOVEMBER 30.

Articular Rheumatism.—This is a disease which begins suddenly, with a tendency to a febrile paroxysm. The fever is often continuous, and of an intense degree. The pulse is frequent, and the skin hot, but moist. The pain is usually at first confined to one or two joints, and afterward is diffused among all the larger joints in turn, affecting most the knee and elbow. The arthritis is a peculiar variety of inflammation; it has not all the characteristics of true inflammation; the effusion of serum is never converted into pus.

Other constitutional symptoms are loss of appetite, dependent on the presence of fever; and constipation, which also depends upon the fever, and, in some degree, upon the immobility of the patient.

The cerebral functions are untouched by this disease, except that disturbance produced by fever.

The only internal lesion is a disturbance of the heart. This consists in the development of *endocarditis*, which always occurs. *Pericarditis* is an accident, occasionally occurring; we do not expect to find it. In every case of rheumatism you will find a decided or imperfect case of *endocarditis*; I regard it as an essential part of the disorder. The reason why it is not generally detected and admitted, is because disease of the heart is looked upon as a very serious matter, but *endocarditis* never kills.

The symptoms are pain, generally so slight, comparatively, that the patient does not think of it. By physical examination an intense bellows sound is heard, of a peculiar intonation, more musical than that produced by valvular disease, or by *anæmia*. This sound is almost entirely confined to the left side of the heart, and is chiefly, though not entirely, produced at the mitral valve. It is caused by the quick and jerking contraction of the heart. There is a great diversity in the degree of intensity of this sound; later in the disease it becomes rougher, dependent on a deposit upon the valves, or thickening of their substance.

Throughout the whole of ordinary acute rheumatism, these signs exist. In most cases they entirely disappear, and no trace of them is left. In other cases, valvular disease, hypertrophy of the heart, and dilatation ensue.

Children are most apt to suffer from *endocarditis*.

Dr. G. then introduced a patient in the early stage of this disease. She had been confined to bed since last Saturday, the 26th. Fever began simultaneously with the inflammation; her countenance was now indicative of the febrile movement; the pulse was frequent and hard; her wrists and shoulders were swollen and extremely painful; her lower extremities less so.

There was *endocarditis* here, indicated by the pain, and by the dullness, increased not in extent, but in degree. There was a bellows sound at the position of the mitral valve, only with the act of systole. At the semilunar valve there was a double sound, not roughened; there was also a slight friction sound, produced by some *pericarditis*.

Treatment.—Purgatives are very efficacious. I prefer Scudamore's mixture, and shall direct it in this instance. If a patient with rheumatism has not a bed properly prepared, the purgative treatment will annoy him very much; this may seem trivial, but is of serious disadvantage.

I more efficacious and certain remedy is Dover's

powder. This is the best preparation of opium and ipecac. It may be given in five grain doses, four or five times a day. There are a number of other remedies. Lemon juice, largely given, is an English mode of treatment. I have never seen it do any good.

I will also direct three or four cups over the heart. Local bleeding only is admissible.

Delirium Tremens.—The attention of the class was called to an apparently strong and healthy looking man, who walked into the amphitheatre. He was a seaman, just recovered from mania-a-potu, after a debauch of 16 days. His hands were held grasped before him, to restrain a nervous movement which still remained.

Dr. G. had kept him upon the stimulant treatment. This, he had no doubt, was the speediest cure, and he had no compunctions of conscience in placing a patient upon it. It was the duty of the physician to use that remedy which was the most sure to get the patient well; that was the first and principal object. The moral objection to this treatment had no weight with him, for he had found that if a man had *delirium tremens* once, he would have it again, and the craving for drink was just as strong after any other treatment as after the alcoholic. This patient had two oz. of whiskey every two hours. To procure sleep, two gr. solution of morphia had been given two or three times during the course of the night; this was the full dose, generally he gave less.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

The Society met November 23d, DR. DALTON in the chair.

Wound in Fœtus.—DR. FINNELL presented one of the lower extremities of a fœtus, with an interesting wound just below the knee joint. The wound was more of a penetrating than of an incised character, passing completely through the fleshy portion of the limb, and separating the fibula from its epiphysis.

The mother of this child, when in about the eighth month of gestation, received a stab in a scuffle, inflicted just below the umbilicus. A week after this time she was delivered, and had a natural labor. The child, however, was born dead, and by the physician was handed to the attendants and laid aside without further examination. The next day, when making his visit, his attention was called to this wound on the child's leg.

The point of interest in this case is to determine whether this wound was inflicted while the child was alive in the uterus of the mother. There are some circumstances which favor the view that the wound was accidentally inflicted on the still-born child after birth; f. i. the fact that the other limb was not injured in the least, while it can hardly be conceived how, in its doubled up position in utero, it and other parts could escape the injury, if it was really done by the stab; also the absence of any blood mixed with the liquor amnii, which the attending physician stated to have presented nothing unusual. It is to be supposed that a wound of this kind, inflicted on the fœtus in utero, would give rise to a bloody appearance of the amniotic fluid. Again, the wound was perfectly free from any evidences of reparative or inflammatory action.

Other circumstances, however, favored an opposite view. It was noticed that directly after the woman was stabbed, there was a gush of water, followed by blood. This would seem as if the wound had penetrated the uterus, and a certain amount of the liquor amnii was discharged at the time of the injury. Again, the woman did not feel any movements whatever after the injury had been inflicted. The mother recovered completely, and suffered very little from the injury. How deep the wound penetrated was not known. At first it was presumed to go only through the integument. But the discovery of the wound on the child after birth, taken in connection with the escape of water at the time when the mother was stabbed, led to a contrary opinion. With what kind of instrument the stab had been inflicted was not known, as it could not be found.

DR. DALTON inquired whether it was a head presentation?

DR. FINNELL stated that he had been so informed by the attending physician.

DR. DALTON then remarked, that in a head presentation, if the limb of the fœtus, at the time of the stab, happened to press up against the side of the uterus, and the wall of the uterus being pressed against the abdomen, and the abdominal parietes themselves being tense, it did not appear impossible to him that a sharp, penetrating knife, might pass into the uterus and wound the fœtus. Hence there seemed to be good reason that the child was wounded at the time.

Foreign Body in the Air Passages for Six Years.—DR. CLARK presented part of a chestnut shell, covered on the inner surface with a little incrustation of calcareous matter, the anterior surface being quite natural with the exception that it is slightly covered by a whitish deposit. It was coughed up by a gentleman on Friday last.

When Dr. Clark saw him four years ago, to examine him whether he had tubercular disease, the patient stated that two years previously, while eating chestnuts and cracking them with his teeth, he was suddenly seized with an impulse to sneeze. He took a full inspiration, with a chestnut shell in his mouth. Immediately after he had the conviction that something went down his throat, and he was attacked with a cough, which lasted for some time, but finally ceased to oppress him very much.

When Dr. Clark saw him, on examination no evidences of tubercular disease were found. The only noticeable feature in the case was, that the breathing in the right lung was not near so forcible as in the left, and the respiratory murmur was feeble. About a year after this time he was attacked with a severe bronchitis. Dr. Wood then took charge of him. During the course of the disease the chest was repeatedly examined, and the unequal respiration still being present, and no probability of its being caused by a morbid deposit, the conviction remained that the chestnut shell was still there. He recovered from his bronchitis, and has not had any severe illness since. His general health remained very good, he retained his appetite and spirits, and looked entirely healthy. His appearance, as much as the physical examination, enabled Dr. Clark to exclude the element of tubercles from his case.

On Friday morning, while coughing as much as usual, he coughed three or four times, and raised a little mucous; then, with a cough not more violent than the others, he raised this portion of the chestnut, covered with a semi-transparent mucous. Its shape has been very little altered. When first removed it had very nearly the shape as it would when coming from the shell. A maceration of six years does not seem to have altered it materially. From Friday until to-day he does not know that his cough has been materially diminished. Undoubtedly the foreign substance has left behind an irritation which will remain for some time.

Aneurism of Aorta.—DR. CLARK next presented larynx, trachea, portion of the bronchial tubes, larger division of the bronchi, together with the heart and the aorta, on the inferior surface of which there is an aneurism.

The specimen was obtained from a man 33 years of age. He was received into Bellevue Hospital ten days before his death. When he was admitted into the hospital the prominent symptom was difficulty of breathing. On examining the lungs with considerable care, as far as this could be done on the back, (the front could not be examined for reasons to be stated below,) respiration appeared unequal on the two sides. He was supposed, from the history that was given, to be suffering from tubercular disease. The evidence of tubercles, how-

ever, could not be positively recognized from the examination made. The patient stated that he had syphilis. The first idea which Dr. Clark had of the case was that the patient was suffering from laryngismus, produced by a certain amount of irritation, which had its origin either in tuberculosis or a syphilitic ulcer in the larynx. After a more careful examination, the former cause was excluded. Shortly after he had the same difficulty in inspiration as in expiration. This convinced Dr. Clark that there was no oedema glottidis. In this condition the patient continued for ten days, sometimes worse, sometimes better, during which time it was almost impossible to examine him in front, for the very moment he was put upon his back he was taken with a paroxysm of dyspnoea, which seemed almost to threaten his life. His easiest position was on his side, leaning a little forward; that position he kept night and day. He could not be raised in bed without producing a paroxysm that seemed to be dangerous, and every attempt to speak brought on the difficulty of breathing. Convinced that his difficulty was in the larynx, direction was given to the house physician that the patient should be closely watched, and if the symptoms should increase so as to threaten life, to call for the surgeon's assistance and have the trachea opened immediately. Nothing occurred, however, until yesterday morning at about four o'clock, when the house physician was called to him by a very unalarming message, namely, that the patient was not breathing as easily as natural. He found him absolutely blue, and the breath nearly out of him. Having no time to send for assistance, he opened the trachea and inserted a quill until the proper tube could be sent for. Immediately after the operation the breathing became easier, and continued so for six hours, when he sank, apparently from the shock of the dyspnoea, which had occurred before the trachea had been opened.

On making the autopsy to-day nothing was found in the larynx that could be regarded as an important disease. There was no effusion, no ulceration, but the vocal cords appeared to be somewhat strained.

Over the trachea, however, the aneurism here presented was found, and over the aneurism the branches of the recurrent nerve going to the larynx could be traced. It seemed, then, as if the whole disease was a chronic spasm of the larynx, producing such a condition that the air was not allowed to pass through the aperture of the glottis, causing suffocation, for which the trachea was opened.

The aneurism is in a somewhat rare position, being situated on the inferior curve of the artery. The branches are given off from the arch as usual. There would have been no difficulty of making a diagnosis in this case, if we had only been able to

get the patient in such a position that we might examine the heart. There is very little doubt that this aneurism would have produced both the thrill and dullness. Not thinking, however, of aneurism, no attention was called to it.

Dr. Clark remarked, that this was the second case of the kind that had fallen under his notice, where aneurism had been overlooked, and its symptoms ascribed to other causes.

Dr. FOSTER related a somewhat similar case.

Dr. MARKOE remarked, that he performed the operation of tracheotomy in cases where it was known that the dyspnoea resulted from aneurism, because it relieved these symptoms of difficulty of breathing produced by the pressure of the tumor.

Dr. W. PARKER observed, that in these cases the patients do not bear to be placed in a straight position, but most always incline the head and neck forward.

Neuromatous Tumor.—Dr. PARKER presented a tumor removed a few days since from the arm of a young man by Dr. Briddon. It appeared to be a neuromatous tumor. It was situated on the inside of the upper arm of the right side. From the symptoms produced it was supposed to be connected with the ulnar nerve. It is about three inches long, and of variable thickness. The nerve passed to it above, and from it below. When the tumor was pressed upon, pain was felt in the little fingers, and the inner half of the ring-finger. The tumor was of rather slow growth, it being about seven years since it was first noticed. On microscopical examination, Dr. W. H. Draper found it to be of the structure peculiar to these tumors, described by Dr. Smith in his work on tumors.

Tumor of Lower Jaw.—Dr. PARKER presented another tumor, removed from the under jaw of a man about 38 years of age, some few days ago. The patient was a farmer, of good constitution, with no hereditary tendency. When first discovered, the tumor was on the under jaw, and did not appear to have any connection with the teeth, but seemed to spring from just below the teeth. After a time the teeth became loose, and some of the cuspidati were removed. The tumor then began to press outward, and involved all the alveolar margin of the outer surface of the under jaw. The patient, however, was able to bring the molar teeth together, and masticate tolerably well. In the removal of this tumor the rule was followed which should be observed in all these cases, to remove the diseased mass entirely, but leave as much as possible of the jaw. The tumor belongs to the epithelio-fibroid structure.

Phosphor-Necrosis.—Dr. MARKOE presented two

specimens removed from the same patient, illustrating phosphor-necrosis of the jaw, a disease which was now attracting a great deal of attention, and the pathological anatomy of which differed in a considerable number of points from that of necrosis, occurring under ordinary circumstances. While under other circumstances necrosis produces suppuration on the outside, the separation of the dead bone and the formation of an involucrum, here a totally different circumstance occurs. Instead of the separation of a sequestrum, we find the surrounding parts secreting bone immediately around the dead portion. The dead bone becomes incrustated with a pumice-stone-like material, which adheres very firmly to the bone, so much so that it can hardly be separated from it. These two specimens illustrate very beautifully this variety of disease. They were taken from a man who labored in a match factory. He had a tooth extracted, and at that point the mischief commenced. At the end of five months he was subjected to an operation, and a portion of the jaw removed. The wound healed up, and shortly afterward he went back to the factory. The disease then attacked the other side of the jaw, and this was removed, and also a portion of the upper jaw.

The unfortunate feature of these cases is, that this pumice-stone exudation represents a reparative attempt, or rather it represents what would be accomplished, if the dead bone were taken away. In that case the periosteum would secrete new bone, which would replace the old bone. But when this pumice-stone exudation takes place, there is no reproduction of the bone. In this case, it is now eighteen months since the operation, and there is no formation of new bone tissue. The upper jaw appeared to be simply necrosed. There was none of this exudation, or at least so little, that it was not noticed.

The patient is doing well, and although both halves of the lower jaw and one side of the upper jaw have been removed, his face is very shapely.

DR. SAYER inquired whether the rule was a general one, that in these cases of removal of the jaw for phosphor-necrosis, no attempts at new bony formation took place afterward. He thought quite the contrary was the case, and remarked that Dr. Wood, who had perhaps more experience on this subject than any other man in this country, in one case removed both upper jaws, when the bones grew in again, and the patient had placed upon them a set of artificial teeth. He would defy any one to detect that the jaws had been removed in that patient, so complete was the deception. He hoped that Dr. Wood would favor the Society with some remarks on this subject.

Dr. Wood did not desire the Society to go into a

discussion of this matter now. He would, however, on some future evening, bring some beautiful specimens, showing perfect reparation in cases where the bone had been destroyed by phosphorus. He would suggest that Drs. Markoe and Parker also bring their specimens, and then the Society could go into a general discussion of the subject.

Complicated Fracture.—DR. SAYER presented the leg and foot of a man 38 years of age, of rather delicate and feeble constitution. Five years ago he suffered from an attack of fever, since which time he had been in very feeble health. On the 28th of September last, he received a fracture of the fibula, about three inches above the ankle joint. It was supposed at the time to be a simple fracture, and was so treated, there being not much contusion at the seat of the fracture. Forty-eight hours after the accident an abscess formed about the seat of the injury, and the patient was seized with typhoid symptoms. It was deemed proper to remove the limb.

On examination of the leg after amputation, it was found that the ankle joint was nearly destroyed. The fracture of the fibula was not simple, as was supposed, but the lower fragment was the seat of a fissure, which penetrated into the joint. The fracture then was a complicated one, communicating with the joint. The question arose whether in this case the result would not have been better, had excision of the lower fragment of the fibula been performed, by which a chance would have been given for the exit of matter.

Disease of Elbow-Joint—Resection.—DR. WOOD presented the bones composing the elbow-joint, which were excised, a short time since, from a man about thirty years of age. He stated that a year previous he had suffered considerably from inflammation about the joint. This continued until what is called white swelling, or *fungus articuli*, occurred. His general health suffered so much that he finally concluded to submit to an operation. He was therefore sent to the hospital, and the operation of resection performed, and the whole of the joint completely removed. The wound was dressed in the usual way, and the patient is now doing well. This is the fourth time that Dr. Wood has performed the operation. Two of the cases occurred in hospital practice, one of which was followed by amputation. The other two occurred in private practice, and were followed by good results, the patients having a very fair amount of motion—rotation nearly as well as before the operation.

In all these operations Dr. W. has removed only the condyles of the humerus, with the upper portions of the ulna and radius. In performing the operation, Dr. Wood cuts directly through the olecranon,

so as to fairly open into the joint, and removes the alia in two pieces. This renders the operation much more easy than by dividing the triceps above its insertion in the olecranon. In performing the operation in this way, Dr. W. has exposed the ulnar nerve in but one instance. The fibrous tissue and periosteum is then fairly cleaned from the bone, and in this way the nerve can be avoided.

Dr. SAYER remarked that in performing the operation in this way a much better chance was given for future reparation of the joint than by the ordinary procedure.

After a protracted discussion on neuralgia in connection with neuromatous tumors, the society went into executive session.

EDITORIAL DEPARTMENT.

Periscope.

Introduction of Tannin within the Uterus is accomplished by means of crayons formed of tannin on gum tragacanth, one sixth of an inch in diameter, and an inch long. They are passed, by means of forceps and speculum, through the os uteri into the cavity of the uterus, in which they are kept by means of charpie, moistened with a concentrated solution of tannin. The crayon slowly softens and dissolves, when it is replaced by another. M. Becquerel recommends this treatment in hæmorrhage and diseases of the mucous lining of the womb.

Painful Stumps.—There is a popular error prevailing amongst many members of our profession, to the effect that, in painful stumps of amputated limbs, the pain depends upon the bulbous enlargement of the ends of the divided nerves. That this is not the cause of the uneasiness, however, any one may satisfy himself by dissecting old stumps of individuals who have died of other diseases, and who have never complained of any inconvenience during life, at the seat of amputation. A dissection will show the ends of the nerves to be thickened and dilated into the form of a bulb, this condition depending on the development of areolar or fibro-cellular tissue between the minute nervous fibrillæ. It is a natural process, and is no doubt intended to subserve some useful purpose in the economy. When a stump is painful, however, it is mostly so in consequence of an adhesion between these little oval and rounded tumors and the cicatrix itself, and

thus they become subject to direct pressure, which keeps up irritation and pain.—*Lancet.*

Nomenclature of Insanity.—The nomenclature formerly applied to insanity, and to establishments for its treatment, and unfortunately not yet entirely given up, is far behind the age, and has done more harm in influencing men's minds in reference to both, than is generally supposed. In the days when cells and keepers were spoken of, the natural inference was that they belonged to prisons, for these are prison terms. Even now, it occasionally happens that such terms are heard from individuals who, themselves, often occupy smaller apartments, more inconveniently located, more poorly warmed, ventilated and lighted, and not better furnished, and yet who would seem greatly surprised if asked whether they had comfortable "cells," in the fourth or fifth story of their hotel or boarding-house. There is no reason for thus designating the better of two chambers, that would not apply to the poorer of the two, nor should a nurse and companion of an insane person be styled a keeper any more than if having the care of a case of ordinary sickness. So of the institutions themselves; if they are for the treatment of disease, they should be called hospitals—a title which is not likely to be mistaken, and which of itself indicates why patients are sent to them. All the other names which originated many years ago, and were intended to banish what was much more exceptionable, came from the best of motives, but were unfortunate as tending to give wrong impressions of the character of the malady. None of those who are now connected with these institutions, probably, have had anything to do with naming them, nor are they in any way responsible for these errors. This institution having at its commencement been as far wrong in reference to a title as any other, and having made the change, I have no hesitation in speaking of the good results which have followed. The early drawings for this building will show that it was first styled the "Lunatic Asylum of the Pennsylvania Hospital," but before it was opened, the name was very properly changed to that which it now has, the "Pennsylvania Hospital for the Insane." The State institution at Harrisburg also modified its title for the better, but it only did one-half the work. Originally named, in the law establishing it, "The Pennsylvania State Lunatic Hospital and Union Asylum for the Insane," it dispensed with the latter part of its very awkward

title, but unfortunately retained the term "lunatic," which, of all others, is the most obnoxious to patients, and one of the most unfortunate and irrational that can be applied to such establishments or to a case of insanity. The simple derivation of the word lunatic, or the definition of it given by one of our best medical dictionaries, "moonstruck," shows that it has nothing to do with insanity, and ought not to be employed in connection with that disease. It is quite true, that even in many of the modern writings on this subject, the terms hospital and asylum, insanity and lunacy, the insane and lunatics, are so mingled as to confuse many non-professional readers, who are liable to suppose that different kinds of institutions and forms of disease are referred to. "Asylums" or "Retreats," places of refuge or security, are not provided for the treatment of fever, or rheumatism or other diseases, nor should the institutions for the treatment of insanity be so called. The abandonment of these objectionable terms by all connected with our hospitals for the insane, would soon lead to their being dropped in ordinary conversation, and in a little time a more appropriate nomenclature could hardly fail to take their place.

Auscultation of the Head.—M. Roger, a hospital physician of Paris, has of late been in the habit of ausculting the head, especially of children. In chronic hydrocephalus he has discovered a cephalic souffle, which is, however, absent in meningitis and convulsions. The practical result of M. Roger's investigations is, that the auscultation of the head may reveal alterations of the blood, and that the *bruit de diable* heard in the carotids, in cases of chlorosis, is heard as well and more easily by applying the stethoscope to the head.—*Lancet*.

Abscess of the Medullary Canal in nineteen cases observed by M. Broca, fourteen occurred in the tibia. The suffering, which is intense and long continued, is readily relieved by the trephine. One of the cases thus operated on successfully by this surgeon, was in the medullary canal of the humerus.

The Empirical Treatment of Phthisis.—The *Lancet* says: Dr. Watson remarks, with great propriety, in his excellent lectures, that the more intractable the disease the greater the number of remedies proposed. No one is surprised at the various modes of treating tu-

berculosis, which have been extolled, for it is quite natural that new weapons should be sought against an enemy who proves invulnerable by the old ones. But we protest against unnecessarily teasing and tormenting the unfortunate individuals whose lungs are being destroyed by tuberculous deposits, and whose organism is wasting under the effects of the local mischief and morbid diathesis. M. Beau, physician to the Paris Charité Hospital, for instance, proposes, and has practiced the following method: "Give carbonate of lead in phthisis, because painters hardly ever suffer from the disease; and substitute one cachexia for the other." Then we have a paper addressed by M. Aussandon to the Academy of Medicine of Paris, "on the treatment of pulmonary consumption." The author, who has noticed that bakers, and generally those who sleep in the day and watch at night, bear the symptoms of the latter stages of phthisis better than others, straightway advises to keep consumptive patients awake at night and send them to bed in the day time!

Warren's Hæmostatic.—A correspondent requests us to publish the formula for Warren's Hæmostatic—or, *styptic balsam*, as it is very improperly called. This preparation has been highly recommended in hæmoptysis, hæmatenesis, epistaxis, and menorrhagia.

It is said to act by its sedative power in diminishing the force of the circulation, and by its astringent qualities in contact with the bleeding vessels.

The formula, and its mode of preparation, is as follows:

R. Acid. sulph. (*by weight*) 3v.
Ol. Terebinth,
Sp. vini rect. aa f. 3ij.

Place the acid in a Wedgewood mortar, and the turpentine slowly, stirring it constantly with the pestle; then add the alcohol in the same manner, and continue stirring it until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper.

It should be prepared from the purest materials, and when done, it should exhibit a dark, but clear red color, like dark blood; but if it be a pale, dirty red, it will be unfit for use. The dose is 40 drops, and the method of using it as follows:

Put a teaspoonful of brown sugar in a common sized tea cup, and rub in 40 drops of the preparation until it is thoroughly incorporated, and then slowly stir in water until the cup is

nearly full, when it should be immediately swallowed. This dose may be repeated at intervals of an hour, until three or four doses are taken, if necessary, and its use should be discontinued, when fresh blood ceases to flow.

After standing a few days, a pellicle forms upon the surface, which should be broken, and the liquid below it used. It does not deteriorate by age, if tightly stopped.

Case of Abdominal Tumor which very suddenly disappeared.—Dr. Walter Channing, of Boston, reports, in the *Medical and Surgical Journal* of that city, the following case:

Mrs. — gave the following account of her case: Age, 32; for ten years, occupation strictly sedentary, often requiring protracted attention at night; health sensibly impaired; very severe dysmenorrhœa and dysuria; and frequent "bilious attacks," so called. The symptoms of these last were vomiting, purging, and intense colicky pains. The dysuria and colic probably produced by neglected bladder and bowels. Was married two years before I saw her, and was at once relieved from her arduous duties. Has not been pregnant, nor freed from her old complaints. Latterly, has been in constant attendance on a sick member of her new family, which has involved great fatigue and anxiety. Catamenia has continued regular, and at a period a few weeks before I was called, was very profuse, but as painful as ever. The cause of my being called was the discovery of a large, firm tumor in the abdomen, and some new troubles. The principal of these were a very distressing sense of fullness in the abdomen, difficulty in walking, especially up and down stairs, and in rising from a chair, or the bed. To do this, she was obliged to use her arms as levers, her hands firmly seizing and pressing the chair, or bed, and so enabling her to raise herself.

"Examination discovered a large, solid tumor, extending from the umbilicus to the symphysis, broadly occupying the corresponding lateral regions of the abdomen, making the central protrusion less than might have been looked for. The circumference at the highest point was thirty-six inches. *Per Vaginem*, the pelvis was more than half filled with a firm, rounded tumor, continuous with that in the abdomen, the os uteri looking toward the sacrum, the cervix being lost in the general intumescence. The sphincter of the vagina was much contracted, and the whole of the vagina, from its beginning, and as far as ex-

amined, so exquisitely tender as to make the examination painful to the last degree. What was this tumor? An attempt was made at a subsequent visit to introduce the sound, but such was the direction and firmness of the os uteri that I could but just enter it. The tumor was so fixed in the pelvis that it resisted such effort as was made to change its place, and to bring the os within reach. Again, what was this tumor? I have purposely called it abdominal, for though clearly to my mind uterine, I would not give it any distinctive name.

"Sept. 3d, 1859.—Treatment—tinct. iodin. to addomen over the tumor, once daily. Aqua calcis muriat. thrice a day. My compound belladonna ointment to pelvic extension of the tumor, *per vaginam*, once a day.

"At the end of a fortnight, tumor, by admeasurement, decidedly diminished. Tenderness of vagina less. Tumor in pelvis and dysuria less. Can rise from chair, and walk, with comparative ease.

"At the end of the month, Oct. 3d, tumor no longer felt. Os uteri in place. Cervix natural. Dysuria gone. No complaint.

"Mrs. — is a lady of excellent mind and culture. Her occupation made it essential for her to study much, and many things. She could give an accurate account of her feelings and symptoms, and especially of such changes as were occurring in her disease, and of her entire recovery. She was not imaginative, or a fancier of tumors, but in a simple, quiet manner described her case—the relief and the recovery.

"In Mrs. —'s case there was not any vaginal discharge, nor increased secretion in any other organ during treatment. Changes occurred very rapidly, but without any other occurrences than have been reported—relief of very distressing symptoms, and, was said recovery."

Influence of the Different Kinds of Food on the Teeth, by Dr. Richardson.—*Dental Review*, London. (*Dental Cosmos*).—In perfect health, the acid foods ordinarily taken in the diet are counteracted by rapid removal and rapid neutralization; but in many states of disordered health the salivary secretion loses its alkaline protective power, and even assumes an acid reaction, so marked as to be distinguishable to litmus. The same acidity occasionally, I believe, attends the secretion of the buccal glands, or the mucous fluid which is secreted from the solitary glands in the mouth.

I have myself known the saliva thus acidified in various diseases of the dyspeptic type. In those instances where little ulcerous points appear in the mucous membrane, the saliva has often a marked and prolonged acid reaction.

In dyspepsin, accompanied with a great increase of fat in the body, there is frequent acidity. In the aphthous rash of children there is frequent, if not constant acidity, and so on. Some authors have gone so far as to show that certain special diseases are attended by certain special acid secretions. It is unnecessary for us to enter into these minutiae; suffice it to know that an acid condition may exist, and that so markedly, that the patient shall himself know of it by the sensation of acidity, and the litmus-paper tell of it by turning red.

Now, when this condition of saliva is present, there is as a consequence an active agent constantly at work on the teeth; while whatever acid foods are taken, or whatever foods are taken which in the mouth produce acid by retention and decomposition, have at once an unlimited play, and must and will effect the teeth by direct chemical action.

* * * * *

The influence of putrefying animal matters on the teeth has been differently estimated. It has been urged against the idea that putrefying portions of food are a cause of decay, that a tooth removed from the body may be buried in putrefying animal or vegetable matter, and undergo no change after the lapse of months. A better argument in favor of this objection would be, that in the dissolution of putrefaction which follows death, the teeth take no share; that in the closed vault or grave, themselves enveloped in all the compounds of decomposition, the teeth remain, and are to be found when the softer parts have been removed in their entirety.

Regarding the special effects of sugars on the teeth, I must express that, in so far as my observations go, they tend all to confirm the common idea that injury follows their frequent indulgence. Such injury is rather the result of a retention of the saccharine matter, and subsequent generation of acid, than the effect of the sugar itself. Curiously enough, that sweet which pleases children most it that which combines acidity with sweetness. The sweetmeat of this nature is crunched between the teeth, the saliva is saturated with it, the said saliva is retained in the mouth a considerable period, and the teeth, meantime, are exposed to the action of a chemical solvent.

The effects of hot drinks upon the teeth have been considered by many writers as of an injurious tendency, and as exciting to caries. In the instance of a perfect tooth this theory is open to grave doubt; but it is to be admitted that in instances where the teeth are, by chemical or physical accident, injured, hot fluids are the most possible excitants of internal inflammation. In this indirect manner, caries already on its way may be much accelerated; the inner portions of the dental structure giving way, and their support, physical and nutritive, being withdrawn.

The influence of stimulants on the teeth may be viewed as direct or indirect. Directly, the effect of a stimulant, such as brandy, may be considered as not different from that of heated water. If the tooth is sound, the stimulant passes over it harmless; if the tooth is diseased and the dentine is exposed, the stimulant, acting as an excitant, will produce all the results of an excitant, with sequential inflammation, and the consequences incident to that process.

Indirectly, the influence exerted by the moderate use of stimulents is more serious. The stimulant leads to dyspepsia, to the gouty diathesis, and to renal disease; from which constitutional maladies the teeth are variously affected—as by caries, the result of acid salivary secretion, or odontalgia, the result of the gouty poison.

The effects of saline foods on the teeth deserve a few moments' notice. We must here seek for evidence from those who have been engaged in the superintendence of men long kept on salt diet. On this evidence, notwithstanding some facts which have yet to be given respecting the teeth of seafaring men, it must be concluded that the gums, rather than the teeth, are affected by the salted diet; and that in the midst of the most dire symptoms of scurvy arising from salted food, the teeth stand out untouched, or even fall out, without indicating that their hard tissue has undergone destruction.

To conclude, on the subject of diet and its effects, the facts will be gathered, that, as regards the influence of dietary on the teeth, the carnivorous diet-roll is much less injurious than the herbivorous; a fact which is borne out by the observation of the teeth of different classes of animals, the herbivorous having teeth very prone to decay, the carnivorous having teeth in which decay is rarely, if ever, presented.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 10, 1859.

DOMESTIC MEDICINES.

One of the strongest elements in the success of quackery, is the popular demand for remedies for the, so regarded, simple, every day complaints, for which it is hardly thought worth while to go to the trouble, and particularly the expense, of seeking the advice of a physician. This, at the best, is poor economy, but the public are not yet ready to be convinced that it is. Quack preparations are often procured for family use, not so much because of any particular reliance on the pretensions of their proprietors, as because the purchaser does not know of any more reliable medicine to meet his supposed wants.

The demand for domestic medicines is very great, as any one can see who will examine the warerooms of the wholesale druggist, the shelves of the apothecary, or the medicine corner of every country store. And it is not only professed quacks who are engaged in supplying this popular demand for medicines, but every apothecary has his favorite preparations, which he recommends to his customers as adapted to their wants.

Now, by these methods of supplying the popular demand for medicines, there is no doubt that an immense amount of vile trash is palmed off upon the community, much to the detriment of the public health, while to the extensive manufacturers, the profits are sufficient to enable them to amass independent fortunes.

In this view of the case, the medical profession, as conservators of the public health, should step in, and endeavor to adopt some plan by which this popular demand, which cannot in the present state of public feeling be controlled, shall be supplied with good, reliable preparations, as much so as any of the official preparations of our Pharmacopœia.

Our National Convention for the purpose of revising the U. S. Pharmacopœia is composed of some of the first physicians and apothecaries of the country.

This learned body meets at Washington city next spring, and it would be very proper for them to take into consideration this subject of supplying the wants—be they real or fancied—of the people, for family medicines. Let the convention adopt and make official, a series of formulæ, calculated to meet the popular wants for ordinary ailments, such, for instance, as cathartic, antibilious, or tonic pills, cough mixtures, liniments, ointments, etc. By making good recipes of these and other classes of medicines official, a uniform and reliable series of medicines would be supplied to the public, and, if we mistake not, the severest blow that could possibly be devised, be struck at the root of quackery. These preparations should be put up in uniform style, with directions for use, and issued under the sanction of the convention, as representatives of the profession.

Several years ago, we advocated such a plan as the foregoing for supplying the public with reliable domestic medicinal preparations, and the suggestions were very favorably received, and we again call the attention of the profession to it.

A NEW MEDICAL JOURNAL.—Our old friend, Dr. N. S. Davis, has had the temerity, in face of the "crisis" in the West, to issue the first number of a new medical journal—"*The Chicago Medical Examiner*." He has associated with him, as co-editor, Dr. E. A. Steele. We learn, from the salutatory, that there has been ground for complaint on the part of the friends of the Medical Department of Lind University, that the claims of that institution have not been fairly presented in the pages of the "*Chicago Medical Journal*," and it is due to truth, to say, that such an impression has been made on our own mind by perusing the pages of the last named journal.

If an independent party would "extinguish the titles" of both those journals, and ignore both the schools, as far as any special support of either is concerned, it would be much better for the profession of the North-west. We

notice that the "*Examiner*" proposes to deal fairly by the other medical school and journal, but as its editors are connected with the rival school, it will be but human for it to have a bias in that direction. We trust that the samples of prescription-writing on pages 57 and 58, are not fair specimens of the instruction in that department in the University. Such a mixing up of Latin, English, and unofficial and obsolete terms, made us groan—not "in spirit," but audibly. Aside from this, the initial number of this journal makes a very good appearance. We trust that the *Examiner* will give its readers short, practical articles, and a greater variety than is given in many of our medical journals.

We bespeak for it the consideration of the profession.

J. B. Lippincott & Co., of this city, have in press a work by John Stainback Wilson, M. D., of Columbus, Ga., entitled the "*Woman's Book of Health*." Dr. Wilson is favorably known as a hygienist and medical writer, and we anticipate a useful work from his pen.

News and Miscellany.

Ventilation.—Mr. Tite, an English architect, says: "So far as I have observed, all artificial systems of ventilation are a failure. Whether you have to ventilate a large room or a House of Parliament, the best way is to open a window."

The thorough ventilation of a room may certainly be very effectively accomplished by opening the windows, but as the comfort and health of the occupants are at the same time to be considered, the improved systems have a decided advantage.

Extreme Variations in Temperature.—The English climate has, during the present year, experienced the most unprecedented vicisi-

tudes. This was remarkable in the month of October, on the 4th day of which the heat was such that the records of the past forty years afford no parallel, while the cold on the 24th of the month has been unequalled during the same period, except in 1836. The mean temperature of the month of July was higher than had ever, in any month of any year, been recorded.

These extreme variations have been supposed to have been connected with the prevalence of the solar spots, which have attracted so much attention of late, and also with the accompanying phenomenon of the aurora borealis.

Prize Essay.—The *Société Medico-Pratique de Paris* offers a prize of five hundred francs for the best essay on Eczema, its history, etiology and treatment; the latter to be supported by numerous and well-observed cases. The essay is required to be in Latin or French.

The Scarcity of Anatomical Material in London is becoming, it is said, a matter of serious complaint, and an impediment to practical instruction. In the City of Philadelphia, notwithstanding the immense and unprecedented number now present—a number, perhaps, scarcely less than are now in London—there is an abundant supply of the material so essential to anatomical pursuits.

Sir John Forbes has retired from practice, and presented his library to his *alma mater*, Marischal College, Aberdeen. The *Med. Times and Gazette* says: "We express, very feebly, the sincere wish of all Sir John's friends, and of the profession to which he has been so long a shining light, when uttering the heartfelt hope that he may pass many and useful years in the honorable retirement he has earned so well."

American Quacks in England.—A fellow who styled himself Doctor Airey, M. R. C. S. and M. R. C. P., thus implying that he was registered under the medical act, has been fined and imprisoned in England for the imposture. The defence was, that he was a graduate of two colleges in New York, a Member of the Reformed College of Surgeons, and of the Reformed College of Physicians, and, therefore, that the title of doctor, with the initials, M. R. C. S. and M. R. C. P., which he had assumed, were strictly conformable with truth and with his diplomas from those colleges.

The Desecration of Harvey's Remains.—Dr. Vinen, in a late address before the Harveian Society, stated, in allusion to the neglected state of the tomb of the illustrious Harvey, that in the presence of visitors, "his coffin is shaken up to prove, by the rattle of its contents, the genuineness of the exhibition."

The Cause of the Destruction of the Franklin Expedition.—The *Lancet* says, at the last meeting of the Geographical Society, one of Captain McClintock's companions stated that he believed that Sir John Franklin's crew finally perished in consequence of the defective preserved meats supplied to the expedition.

The Medical Department of Lind University, at Chicago, whose plan of instruction embraces two distinct courses of medical instruction, has begun its first course with twenty-six students—fourteen in the Junior, and twelve in the Senior Departments.

Dr. Wm. P. Seymour, of Troy, N. Y., has recently been elected to the chair of *Materia Medica* and Therapeutics in the Medical In-

stitute. Dr. S. fills the same chair in the Medical Institution at Castleton, Vermont.

We learn, from the *British Whig*, published at Kingston, Canada West, that the sixth session of the Medical Department of the University of Queen's College was commenced on Monday, November 7th, on which occasion Dr. Fowler delivered a general introductory lecture in the new College Building, and was followed by Professors Yates, Lawson, Stewart, and Dickson, who delivered special introductory lectures in their various departments. On Thursday, November 10th, notwithstanding the unfavorable state of the weather, a class of seventy or eighty students assembled in Dr. Yates' lecture room, when Dr. Litchfield's introductory lecture of his course was delivered.

An Abbatoir, such as exists in the vicinity of Paris, is proposed to be established adjoining one of the large drove-yards in the suburbs of Philadelphia. Instead of driving cattle through the densely populated portions of the city to private slaughter houses, which is attended with inconvenience and danger, they can be slaughtered and dressed, and brought, during the night, to the shambles. There would be some hygienic advantage in removing many nuisances which necessarily attend the slaughtering of animals in various localities, as it is now done, and greater economy, and the useful preservation of the offal, could be better effected, if the work of the butchers were confined to one locality.

The Greater Enervating Influence of Excessive Mental Labor over Physical Exposure is illustrated by the remark of Dr. Francis, in his recent lecture before the Kane Monument Association, that "the severe application and close confinement to which Dr. Kane subjected himself, after his last return voyage, in order to prepare for the press, within a limited

period, his classical volumes, wrought more injury to his delicate frame than he sustained in encountering the hardships of navigation."

The Cincinnati Medical News, which has been published in the form of a monthly newspaper, isto assume the pamphlet form with its January issue.

Dr. Byrd, editor of the *Oglethorpe Medical and Surgical Journal*, published at Savannah, Ga., recommends that physicians drop the title of *doctor*, or adopt some peculiarity in dress, to distinguish them from the D. D.'s, LL. D.'s, and D. D. S.'s, who are found in every village and town in the United States. A friend at his elbow suggests the adoption of the custom of *wearing the beard long*.

Dr. Doremus, of New York, is stated to have received \$3,000 for his chemical analysis of the two bodies in the Stephens case, besides \$800 for new apparatus.

Who is Prof. Webster? The *London Lancet* copies the following, which appears as an article of *news* in a London paper: "Our nervous readers, whose troubles may be traced to indigestion, would do well to enclose a directed envelope to the Secretary of the Medical Reform Society, at Nottingham, who will send, post free, the new and eminently successful remedy discovered by Prof. Webster (!) of Philadelphia. No fee, or gratuity, under any circumstances, accepted, and it is not requisite that poor applicants should enclose a stamp."

Anecdote of Sir Charles Bell.—In a *Life* of this eminent surgeon, recently published in Paris, by Dr. Amedée Pichot, the following

anecdote of the recognition of his merits by the famous French Professor Roux, occurs:

As Roux was lecturing to his students, Bell, desirous of listening to his mode of imparting instruction, entered the room. The Parisian recognized him, and was dumb. He closed his note book, and then turning to his students, as he pointed out the distinguished foreigner, he exclaimed—"Enough, gentlemen; enough for this day—you have the honor of seeing Charles Bell!"

Quackery is much more rich in expedients in Great Britain than in this country. One reason probably is, the protection given by law to the medical profession.

We copy the following blasphemous advertisement from the *Nashville Journal of Medicine*, which takes it from a recent English religious periodical.

"Important to those of the Lord's ministers who are suffering from a variety of diseases. G. Seaborn, Baptist Minister and Medical Botanist, most respectfully informs the Saints of God, that he has been made a blessing to hundreds, both in reference to soul and body. Any person suffering from any disorder, may address a letter to him, stating the symptoms of their disease, the time they have been suffering, and by enclosing six postage stamps, he will send advice and a medical recipe. (G. S. is evidently not a grammatical scholar, despite his other accomplishments.) G. S. has recourse to God in prayer before sending out any medicine or recipe. If help is to be obtained in any case, he engages speedy relief—especially in rheumatism, liver and bowel complaints. Direct to G. Seaborn, opposite the Prince of Wales, Magdalene street, Colchester, Essex. The works of William Huntington sent free on receipt of fourteen postage stamps each volume, of G. S. as above. Books of every description, new and second-hand. G. S. is open to supply any destitute church of strict Baptist principles."

All men of genius, according to M. Moreau, are men in different stages of madness; genius is a neurosis.

Philadelphia County Medical Society.—The subject for discussion at the next meeting on Wednesday next, the 14th inst., will be *Hernia*.

—o—
To Correspondents.

COMMUNICATIONS RECEIVED.—*Illinois*, Dr. Wm. McKnight, with encl.;—*Kentucky*, Dr. C. H. Spillman;—*Louisiana*, Dr. E. G. Elmer;—*Maryland*, Dr. W. S. Forwood, (with encl.); Dr. Jas. McIlmasters, U. S. N., (with encl.);—*New Jersey*, Dr. C. Strickland, Mr. H. Sheppard;—*New York*, Dr. Louis Bauer, "Gotham," Dr. W. G. Meacham, (with encl.); Dr. Chas. G. Bacon, Dr. John Striburne, Dr. Ch. F. J. Lehlbach;—*North Carolina*, Dr. John H. Williamson;—*Ohio*, Dr. E. R. Bell;—*Pennsylvania*, Dr. E. Kely, Dr. B. D. F. Baird, "Junior's Friend," (with encl.); Dr. A. G. Walter, Dr. W. W. Wick, Dr. S. H. Harry, (with encl.);—*South Carolina*, Dr. Geo. Caulier;—*Virginia*, Dr. Thos. E. Shans, Dr. P. M. Cline, (with encl.)

Office Payments.—Dr. Filbert, Dr. D. S. Glouinger, Dr. W. H. Freeman, Dr. G. R. Morehouse, Dr. Geo. F. Fort, Mr. T. C. Neil.

BOOKS AND PAMPHLETS RECEIVED.—Gerhard on the Chest, a new edition, from the publishers; Description of a Deformed Fragmentary Skull, etc., by J. Aitken Meigs, M. D.; An Essay on Intermittent and Bilious Remittent Fevers, with their Pathological Relation to Ozone, by E. S. Gaillard, M. D.; Sixth Registration Report of Rhode Island, and Fifth Registration Report of South Carolina. The above works are reserved for more extended notice.

Dr. E. Marksville, La., relates a case of iodism, accompanied by complete paraplegia. "The patient, a negro, to whom Lugd's solution had been administered to remove or modify some symptoms that seemed to have their origin in the scrofulous diathesis, became afflicted, after taking but a few doses, with complete inability to move the lower limbs." Dr. E. asks whether iodine, taken in excessive doses, ever produces paralysis. Iodine, like some other medicines, produces in some cases anomalous effects. We do not recollect ever to have heard or read of its producing paralysis, nor should we be disposed, in the case detailed, to attribute the paralysis to the action of the iodine. We should be prepared to expect almost any lesion in a scrofulous negro, and presume that in the case in question there was a lesion of a scrofulous or tuberculous nature, involving the spinal cord or its surroundings. In one case of a negro child, who died of tubercular meningitis, we found, on post-mortem examination, that the lungs, liver, and spleen, were studded with tubercles.

"Student."—We expect soon to give a little more space to Clinical Reports. They shall continue to occupy a due proportion of our space.

Dr. H. Broome Co., N. Y.—We do not know whether the N. Y. Medical Press is still published. Not having seen a copy for many weeks, we are led to suspect that it has "died and made no sign."

Dr. W. Gordon Co., Geo.—For Warren's Hæmostatic, see Perl. note in this number.

Dr. R., Ohio.—The best way to mask the taste of sulphate of iron, if given in solution, is to exhibit in a syrupy or gummy vehicle. But a better way is to use the dried sulphate of iron in the form of pill, bearing in mind that the dose will be proportionally smaller after the water of crystallisation is driven off.

—o—
DEATHS.

HOGEMAN.—At Manningsville, Kanawha co., Va., after a short illness, Adrian Hogeman, M. D., formerly of New York, in the 41st year of his age.

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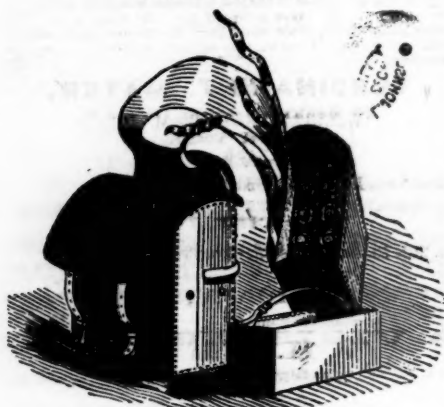
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" " "	1 Mortar, " " " "	\$19 00
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" " "	14 1/2 oz. " " " "	
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" " "	4 Pots, " " " "	\$12 00
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" " "	2 Pots, " " " "	\$8 50
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" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$30 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" " "	14 1 oz. " " " "	
" " "	4 Pots, " " " "	and
" " "	1 Mortar, " " " "	\$15 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" " "	14 1/2 oz. " " " "	and
" " "	4 Pots, " " " "	\$13 00

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

His long experience in the practice of medicine and surgery enables him to comprehend and construct any article to meet the wants of physicians describing their peculiar cases.

Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them.

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